

CHOOSE THE RIGHT HEALTH INSURANCE FOR YOU

A Quick Guide for Health Consumers

GET COVERED

No matter how old you are, how much money you make, what health conditions you have, or where you live, you need health insurance. Health insurance protects you from the full costs of the health care services you receive and can make it easier to locate a doctor, hospital, or other care.

SOME KEY TERMS

COVERAGE: Payments that your insurer makes for all or part of your expenses. "Covered" expenses are listed in the health insurance plan.

PREMIUMS: Payments you make, usually monthly, to enroll in a plan and maintain coverage.

OUT-OF-POCKET EXPENSES: Costs that your insurance does not cover and that you will have to pay if you have medical expenses. These include deductibles, co-pays, co-insurance, and bills from doctors who are not part of your network.

NETWORK: The doctors, medical facilities, and pharmacies who participate in your plan and accept your insurance coverage. It's important to know if your doctors are part of the network. You can find a listing of network participants online or ask your providers if they belong to the plan.

ESSENTIAL BENEFITS: Ten medical services that must be covered by every Marketplace plan and most (but not all) other individual and small group health insurance plans. Remember that short-term plans may not be required to cover essential benefits, including coverage for pre-existing conditions.

CAPS AND EXCLUSIONS: Many plans, especially those with low premiums have a maximum amount or cap that applies to coverage for specific conditions. Other plans exclude certain conditions or situations from their coverage.

FINANCIAL ASSISTANCE: If you cannot afford your premiums, you may be eligible for assistance either in the form of direct payments from the government to your insurer or reduced out-of-pocket expenses.

* Note: The PAF Co-Pay Relief Program provides direct financial assistance to insured patients who meet certain qualifications to help them pay for the prescriptions and/or treatments. This assistance helps patients afford the out-of-pocket costs for care. Some CPR funds can be used for health insurance premiums. www.copays.org

In the United States, we have both private and public health insurance plans:

PUBLIC HEALTH INSURANCE: Any plan or program funded by and run by state or federal government. These include **Medicaid**, **Medicare**, **Children's Health Insurance Program (CHIP)**, **TRICARE** (for active-duty service members and their dependents), and the **Veterans Health Administration (VA)**. You must meet certain eligibility requirements to get coverage under these plans. These plans generally have fewer out-of-pocket expenses for the consumer.

PRIVATE HEALTH INSURANCE: Offered by insurance companies. You can get private insurance by participating in an employer program, buying it directly from an agent or broker, or purchasing coverage on your state's insurance Marketplace (Healthcare.gov).

The system is complicated, so choosing the right plan can seem difficult and confusing. Breaking down the task into small steps can help you get started.



CHOOSE THE RIGHT HEALTH INSURANCE FOR YOU Continued

WHAT YOU CAN DO

EDUCATE YOURSELF. Take time to search out the plans that are available to you. Not every option will be available to every person, nor is every option right for your situation. Talk to a counselor, human resources representative, insurance broker, or agent. These experts will help you compare plans, costs, and benefits as each insurance company and policy will offer different coverage.

GET ORGANIZED: Collect key information required for health insurance enrollment—social security number, income, employment status, health conditions, and names of medications. Have this information available when you are ready to enroll. When you talk to the experts, take notes, including the name and date of the person you talked to.

ASK QUESTIONS. If there are terms or concepts you don't understand, look for the definitions, which can be found in the glossary section of the insurance plan



document. Ask the experts to give you examples to help you understand definitions or concepts you don't understand.

BALANCE YOUR COSTS. When you choose a plan, you must decide between either paying a higher monthly premium with lower deductibles and out-of-pocket costs for medical expenses or choosing a plan with a lower premium but higher out-of-pocket costs. If you experience a serious illness or injury while you have insurance coverage, plans with higher premiums may save you money.

BE CAUTIOUS OF SHORT-TERM PLANS. Also sometimes known as “junk plans,” some states allow health insurance plans to offer a limited period of coverage with few benefits and high deductibles, and other out-of-pocket costs. Short-term policy availability varies from state to state. Consumers need to be cautious.

USE THE ESSENTIAL BENEFITS WHICH PROVIDE PREVENTION, WELLNESS, AND EARLY DETECTION CARE. When an illness is prevented or caught early, it is less expensive to treat. And it may save your life!

REACH OUT TO PATIENT ADVOCATE FOUNDATION. Our team of experienced case managers can help you make heads or tails of which plans work best for you!

QUESTIONS TO ASK

- ? What plans are available to me?
- ? Am I eligible for any public insurance programs?
- ? How much will each plan cost me upfront, in monthly premiums?
- ? What is the deductible for each program?
- ? What other out-of-pocket expenses will I be responsible for?
- ? Are my doctors and medical facilities included in the plan's network?
- ? Are my prescriptions covered by this plan?
- ? What benefits are included in this plan?
- ? Are there any exclusions?
- ? What resources does this plan offer to me if I have questions or problems?
- ? What can I do if I cannot afford the premiums for a plan?

ADDITIONAL RESOURCES

[Health Insurance Education Series](#)

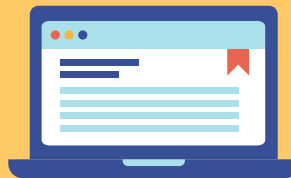
[Finding and Selecting Insurance](#)

[Step by Step Guide for Choosing a Health Plan](#)

[A User's Guide to Health Insurance Marketplaces](#)

[Choose Wisely: Tips for Medicare Open Enrollment](#)

[Think Twice Before Buying a Short-Term Health Plan](#)



Patient Advocate Foundation, a national nonprofit organization founded in 1996, provides direct services to patients with chronic, life-threatening, and debilitating diseases. For more information about medical expenses and other health care-related topics, explore our Education Resource Library at <https://education.patientadvocate.org>

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